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PTO/SB/01A (08-03)
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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	SOCIAL SKILL BUILDER GAME
<p>As the below named inventor(s), I/we declare that:</p> <p>This declaration is directed to:</p> <p><input checked="checked" type="checkbox"/> The attached application, or</p> <p><input type="checkbox"/> Application No. _____, filed on _____,</p> <p><input type="checkbox"/> as amended on _____ (if applicable);</p> <p>I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;</p> <p>I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;</p> <p>I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.</p> <p>All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.</p>	

FULL NAME OF INVENTOR(S)	
Inventor one:	<u>Elizabeth A. Farmer</u> <u>4/21/04</u>
Signature:	<u>Elizabeth A. Farmer</u> Citizen of: <u>United States of America</u>
Inventor two:	<u>not applicable</u>
Signature:	_____ Citizen of: _____
Inventor three:	<u>not applicable</u>
Signature:	_____ Citizen of: _____
Inventor four:	<u>not applicable</u>
Signature:	_____ Citizen of: _____
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FULL NAME OF INVENTOR(S)

Inventor one: Elizabeth A. Farmer 4/21/04
Signature: *Elizabeth A. Farmer* Citizen of: United States of America

Inventor two: not applicable
Signature: _____ Citizen of: _____

Inventor three: not applicable
Signature: _____ Citizen of: _____

Inventor four: not applicable
Signature: _____ Citizen of: _____

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	4/21/2004
First Named Inventor	Elizabeth A. Farmer
Title	Social Skill Builder Game
Art Unit	273/242; 434/236
Examiner Name	
Attorney Docket Number	JR-2004-61

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
John D. Ritchison	37222

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with the above-mentioned Customer Number:

OR

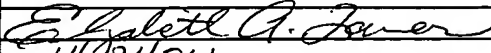
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	RITCHISON LAW OFFICES, PC				
Address	115 East Ninth Street				
Address	Suite A				
City	Anderson	State	Indiana	Zip	46016-1509
Country	U.S.A.				
Telephone	(765) 640-4134	Fax	(928) 752-8208		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Elizabeth A. Farmer				
Signature					
Date	4/21/04			Telephone	(765) 778-3382

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
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4/21/2004

First Named Inventor

Elizabeth A. Farmer

Title

Social Skill Builder Game

Art Unit

273/242; 434/236

Examiner Name**Attorney Docket Number**

JR-2004-61

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OR



Practitioner(s) named below:

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John D. Ritchison	37222

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OR



The address associated with Customer Number:

OR

Firm or
Individual Name

RITCHISON LAW OFFICES, PC

Address

115 East Ninth Street

Address

Suite A

City

Anderson

State

Indiana

Zip

46016-1509

Country

U.S.A.

Telephone

(765) 640-4134

Fax

(928) 752-8208

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Elizabeth A. Farmer

Signature

Date

Telephone

(765) 778-3382

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